Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER NO ON PROP 16, TAXPAYERS AGAINST THE PG&E POWERGRAB, SPONSORED BY LOCAL POWER INC. & THE UTILITY REFORM NETWORK	**Date of This Filing** ____03/24/2010____	Date Stamp

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER (916)849-2237	I.D. NUMBER (if applicable) 1321957	**Report No.** ____02222010-1____

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STREET ADDRESS	■ **Amendment to Report No.** ____001____ (explain below)

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CITY SACRAMENTO	STATE CA	ZIP CODE 95841	**No. of Pages** ____2____

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR **(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

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LATE CONTRIBUTION REPORT

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

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